Surency VISION

SUMMARY OF BENEFITS

DeSoto School District, Group #05103-0-1-0, Effective January 1, 2019 — **Plan Design #485 – Insight A**

VISION CARE SERVICES	IN NETWORK MEMBER COST	OUT OF NETWORK ALLOWANCES	FREQUENCY
Vision Examination with Dilation as Necessary Retinal Imaging	$10 $39	$35 Not Covered	Once per Calendar Year
Contact Lens Fit & Follow-Up: (Contact lens fit and two (2) follow-up visits are available once a comprehensive eye exam has been completed.) **Standard** – spherical clear contact lenses in conventional wear and planned replacement (Examples include but not limited to disposable, frequent replacement, etc.)	$0	$40	Once per Calendar Year
Premium – all lens designs, materials and specialty fittings other than Standard Contact Lenses (Examples include toric, multifocal, etc.)	Insight Network: Up to $55 Allowance	$40	Once per Calendar Year
Frames: Any available frames at provider location	$150 Allowance	$75	Once every two Calendar Years
Standard Plastic Lenses: Single Vision Bifocal Trifocal Lenticular	$10 Copay $10 Copay $10 Copay $10 Copay	$25 $40 $55 $55	Once per Calendar Year
Lens Options: Standard polycarbonate	Adults: $40 Dependents under 19: $0	$25 $25	Once per Calendar Year
UV Coating Tint (Solid and Gradient) Standard Scratch-Resistance Standard Anti-Reflective Coating Standard Progressive (Includes Copay amount) Premium Progressive (Includes Copay amount)	$15 $15 $15 $45 $75 Tier 1-$95 Tier 2-$105 Tier 3-$120 Tier 4-Standard Progressive Copay+80% retail less $120	Not Covered Not Covered Not Covered Not Covered $40 $40	Once per Calendar Year
Other Add-ons and Services	20% off Retail Price	Not Covered	
Contact Lenses: (Contact lens allowance includes materials only) (Allowance not available if eyeglass lenses are elected)			Once per Calendar Year
Conventional	$150 allowance, *15% off balance over $150*	$90	
Disposable	$150 allowance	$90	
Medically Necessary	$0	$200	
Additional Pairs Benefit	40% discount off complete pair of eyeglass purchase	N/A	N/A

	and 15% off conventional contact lenses		
Laser Vision Correction For Lasik providers call 1.877.5LASER6	15% off retail price or 5% off promotional price	N/A	N/A

Service frequencies are computed by Calendar Year, not date-of-service. SEE SECTION ON EXCLUSIONS AND LIMITATIONS FOR ADDITIONAL INFORMATION.
This is a Summary of Benefits only, and various exceptions and limitations may apply. Your actual coverage is described in the agreement which is binding on all of the parties and supersedes all other written or oral communications.

Get the convenience you need and the provider choices you want with your Surency Vision plan.

With access to over 73,000 providers nationwide, finding a **Surency Vision** provider is easy and one less task to worry about. **Surency Vision** combines EyeMed Vision Care's extensive provider network with **Surency's** strong customer focus - the kind of focus you deserve.

Locate a Surency Vision provider at surency.com or download the Surency Vision mobile app *(available for Apple & Android)*

Search for a provider by:

- Zip Code
- Provider/Retail name
- Hours and scheduling
- Services
- Products
- Brands

The biggest network and the most choice. Because more is more.

Surency Vision is offered through Surency Life & Health Insurance Company ("Surency"). Claims processing, claims service and network administration for Surency Vision are handled through an agreement with EyeMed Vision Care, LLC.

Surency has been selected by your employer to provide your group vision coverage. We are pleased to bring these important benefits to you and any eligible dependents you have enrolled for coverage.

This Summary of Vision Plan Benefits describes the essential features of your group vision coverage. This Summary of Vision Plan Benefits is a summary of benefits only and does not bind Surency to any coverage. All benefits are paid according to the terms, conditions and provisions of your employer's Agreement with Surency, which is binding on all parties and supersedes all other written or oral communications.

A child is eligible for coverage under the Plan if the child is under the age of twenty-six (26).

Monthly Rates:

Employee:	$9.54
Employee + Spouse:	$20.00
Employee + Child(ren):	$17.15
Family:	$32.07

Additional Value Added Savings:

- Members may receive additional discounts not covered by the plan's in-network providers. Please check with your provider regarding any additional discounts. Discount does not apply to EyeMed provider's professional services or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. Retail prices may vary by location. Services or materials provided by any other group benefit plan providing vision care may not be covered.
- After initial purchase, replacement contact lenses may be obtained via the Internet at substantial savings and mailed directly to the member. Details are available at www.eyemedvisioncare.com. The contact lens benefit allowance is not applicable to this service.

Plan Limitations/Exclusions:

- Allowances are one-time use benefits; no remaining balance.
- Orthoptic or vision training, subnormal vision aids and any associated supplemental testing.
- Medical and/or surgical treatment of the eye, eyes or supporting structures.
- Services provided as a result of any Worker's Compensation law.
- Benefit is not available on certain frame brands in which the manufacturer imposes a no discount policy.
- Corrective eyewear required by an employer as a condition of employment, and safety eyewear unless specifically covered under plan.
- Plano lenses and non-prescription sunglasses (except for 20% discount).
- Services or materials provided by major medical coverage under any other group benefit providing for vision care.
- Two pair of glasses in lieu of bifocals.
- Aniseikonic lenses.
- Discounts do not apply for benefits provided by other group benefit plans.
- Lost or broken materials are not covered.